

CONTACT INFORMATION:**TELEPHONE: 617-222-7593****FAX: 617-727-9368**If unable to fax, e-mail to: ALRincidentreport@state.ma.us**Assisted Living Residence**

Name of Residence: _____ City or Town _____

Contact person: _____ Phone number: _____

Date & Time when AL learned of the incident: _____

Date & Time report was telephoned to Elder Affairs recorded line (617-222-7588): _____

Date & Time this written report is faxed to Elder Affairs (617-727-9368): _____

Nature of the incident (check all that apply):**Resident Identifier:** _____ **Traditional** ____ **SCR Resident** ____ **GAFC** ____

- | | |
|---|---|
| <input type="checkbox"/> Alleged or actual abuse or neglect | <input type="checkbox"/> Incident/accident which caused an unplanned visit to hospital |
| <input type="checkbox"/> Elopement | <input type="checkbox"/> Incident/accident which caused serious emotional harm |
| <input type="checkbox"/> Unanticipated death | <input type="checkbox"/> Assault which required police involvement or unscheduled visit to a hospital |
| <input type="checkbox"/> Incident/accident which caused serious physical harm | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Suicide or suicide attempt | |

Specific nature of incident: _____

Resident's health status at this time (e.g., "admitted to hospital", "recovering at Residence", etc.) :

Other parties or agencies contacted, if any: _____

Remedial action taken, if applicable: _____

Please attach additional pages or supplemental documentation as needed